Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: | 10/25/2013 | Address: | 7620 W. 950 N |
|---|---|---|--|
| Incident #: | 13ISPC010734 | | Roann, IN |
| County : | Wabash | | 46974 |
| Type of Laboratory Seizure (check one) | | Seizure Location (check all that apply) | |
| ☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only) | | ☐ Residence ☐ Outbuilding ☐ Vehicle | ☐ Hotel/Motel ☐ Open – No Structure ☐ Other: |
| (check all that | : Location (bedroom, kitchen, open air, en apply) or Birch Reaction(s): outbuilding | <u>tc)</u> | |
| Red Phosphorous/Iodine Reaction(s): | | | |
| Hydrochloric Acid Gas Generator(s): | | | |
| ☐ Flammable Solvents: outbuilding | | | |
| Water Reactive Metal (Lithium): outbuilding | | | |
| Anhydrous Ammonia: | | | |
| Corrosive Acid: outbuilding | | | |
| Corrosive Base: outbuilding | | | |
| Other (ite | m and location): | | |
| Vehicle Info | rmation: | | |
| Owner: VIN: Year: | | Make: Model: | |
| \boxtimes Yes $\underline{3}$ (n) | age 18 discovered (check appropriate) umber present) not present but evidence they reside | □ unclean Estimated lead occurring: m | tions of home: clean disarray ngth of time manufacturing had been onths nformation: |
| This report l | nas been faxed* or emailed to the fol | lowing agencies tha | at serve the location: |
| Health Depar | ent City, Township or County <u>Roann V</u> tment County: <u>Wabash Co</u> of Child Services Hotline: <u>dcshotlinere</u> | Fax: jswan | : RMullett@wabashfire.com go@localhealth.in.gov ax: 317-234-7595 or 317-234-7596 |
| | ormation regarding this methamphetam Officer: Mike Lorona Phone | nine laboratory, cont 2 765-473-6666 | ract |

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.